CLAIMS ONLY

Application Number: 10/698994
Filing Date:
Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend		CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		6						57						
8								58						
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14	1							64						
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46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep	2							Total Indep						
Total Depend	27							Total Depend						
Total Claims	29							Total Claims						